

Work Order ID 112681

Tuesday, February 04, 2014 3:34:31 PM

112681

Multishipper
Page 1

Item ID: D3574-6 Accept *N900040100* Setup Start *NS1*
Revision ID:
Item Name: Cabin Floor Protector Stop *NS2*
Start Date: 2/4/2014 Start Qty: 1.00 *1* Cust Item ID:
Required Date: 2/4/2014 Req'd Qty: 1.00 *1* Customer:
Reference:

Approvals: Process Plan: MF. Date: 14-2-4 Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100		0.00							
100	FLOW WATER JET								
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg D3574 Dwg Rev: <u>B</u>								
	Prog Rev: <u>B</u>								
	2-Deburr								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110	Memo	0.00							
QC									
Quality Control									

1 0 Ac
14-02-04

1 0 Ac
14-02-04

DQA:

Date:



QA Closed:

Date:

WORK ORDER NON-CONFORMANCE / UPDATE

Work Order update only

Work Order:				DISPOSITION		AGAINST DEPARTMENT/PROCESS																
Part No.				Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification		QC Inspector										
Design Doc/Data Equip/Tooling Handling/Pre Material Operator Offset/Setup Process Supplier Training Transport Unapproved																						
FAULT CATEGORY																						
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function			<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence			<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other												

Work Order ID 112681

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Page 2

Item ID:	D3574-6	Accept	*N900040100*	Setup	Start	*NS1*	
Revision ID:							
Item Name:	Cabin Floor Protector				Stop	*NS2*	
Start Date:	2/4/2014	Start Qty: 1.00	*1*	Cust Item ID:			
Required Date:	2/4/2014	Req'd Qty: 1.00	*1*	Customer:			
Reference:							
Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC	QC8- Inspect parts - second check	0.00							DAS 9 9-89
	Memo	0.00							
Quality Control									
130 *130* Small Fab	Small Fab	0.00							DAS 9 9-89
	Memo	0.00							
Small Fab	Deburr if necessary.								
140 *140* QC	QC5- Inspect part completeness to step on W/O	0.00							DAS 9 9-89
Quality Control	Memo	0.00							

DQA:

Date:



QA Closed:

Date:

WORK ORDER NON-CONFORMANCE / UPDATE

Work Order update only

Work Order:	DISPOSITION				AGAINST DEPARTMENT/PROCESS					
Part No.	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No.	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design										
Doc/Data										
Equip/Tooling										
Handling/Pre										
Material										
Operator										
Offset/Setup										
Process										
Supplier										
Training										
Transport										
Unapproved										
FAULT CATEGORY										
Landing Gear	Bending <input type="checkbox"/>	General			Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
	Centre Not Concentric <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Crushing <input type="checkbox"/>	Contamination <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>							
	Marks/Chatter <input type="checkbox"/>	Drawing <input type="checkbox"/>	Off-set <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
		Fit/Function <input type="checkbox"/>								

Work Order ID 112681

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Page 3

Item ID: D3574-6

Revision ID:

Item Name: Cabin Floor Protector

Start Date: 2/4/2014 Start Qty: 1.00

Required Date: 2/4/2014 Req'd Qty: 1.00

Accept

N900040100

Setup Start

NS1

Stop

NS2***1***

Cust Item ID:

1

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

150

Identify as per dwg & Stock Location:

0.00

150

Packaging

Packaging

NonPL

160

QC21- Final Inspection - Work Order Release

0.00

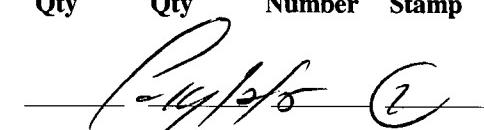
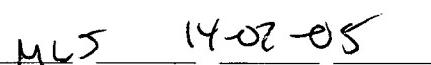
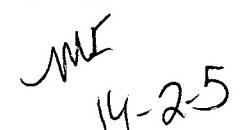
160

QC

Quality Control

Memo

0.00

DQA:

Date:



QA Closed:

Date:

WORK ORDER NON-CONFORMANCE / UPDATE

Work Order update only

Work Order:	DISPOSITION				AGAINST DEPARTMENT/PROCESS					
Part No.	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No.	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design										
Doc/Data										
Equip/Tooling										
Handling/Pre										
Material										
Operator										
Offset/Setup										
Process										
Supplier										
Training										
Transport										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>				Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
	Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>				Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>		
	Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>				Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>		
	Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>				Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>		
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>				Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>		
	Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>				Positioned Wrong <input type="checkbox"/>			
	Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>				Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>		
	Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>							
	Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							

Picklist Print

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Page 1

Work Order ID: 112681

Parent Item: D3574-6

Parent Item Name: Cabin Floor Protector

Start Date: 2/4/2014

Required Date: 2/4/2014

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev :A New Issue 07.07.23 EC verified by:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

MLEXS.125-F60029-04

Purchased

No

sf 2,488.9900

26

GE PLASTICS LEXAN SHEET

Location	Loc Qty	Loc Code
MAT019	2488.99	
124866	106	
m126425	467.99	
m127934	1915	

Ac 14-02-04

26

DQA

Date:



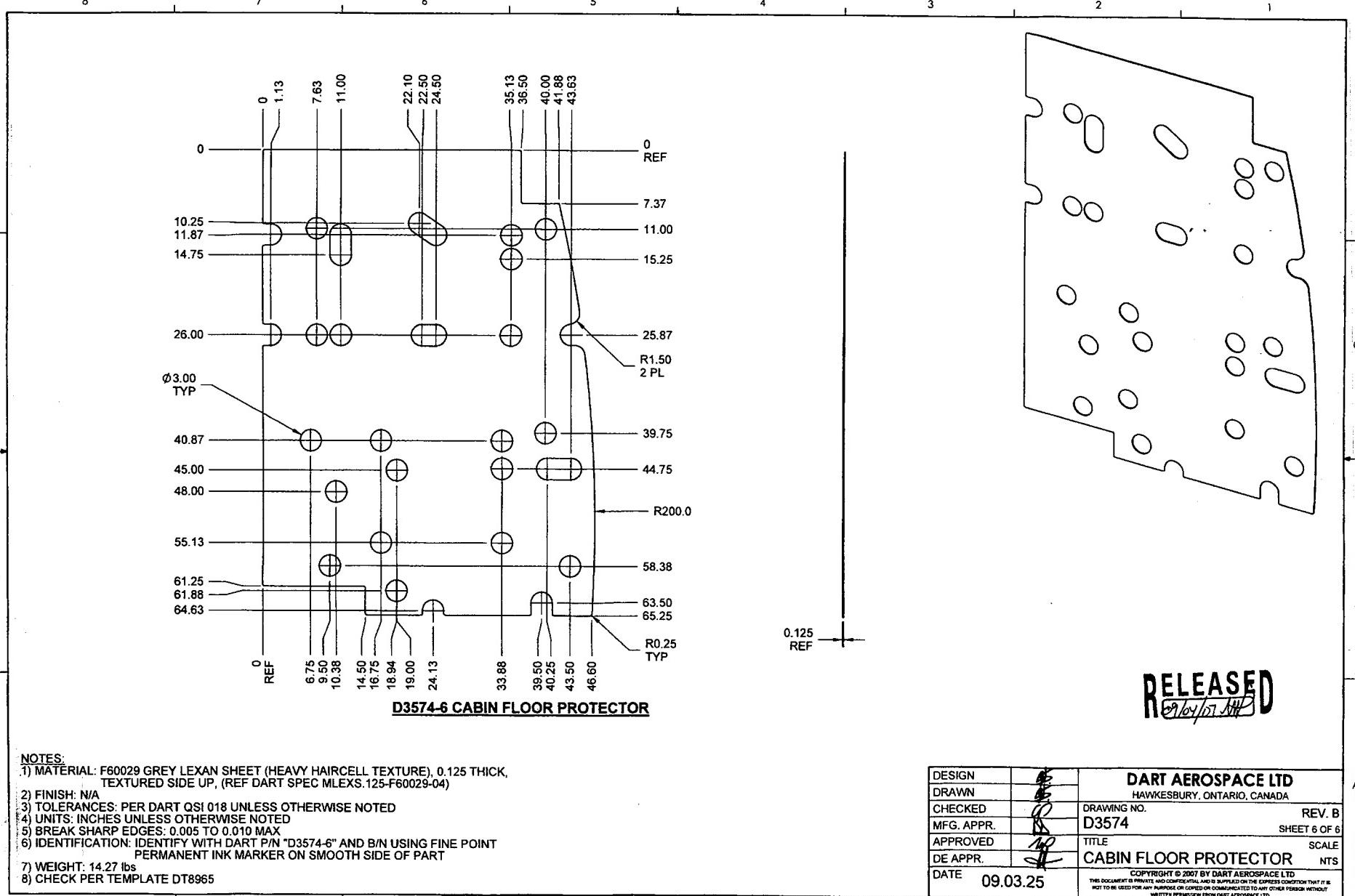
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending	Bend	Folio/Program	Outside Dimensions	Pressure/Forced							
Centre Not Concentric	BOM/Route	Grain	Over/Under tolerance	Set-up							
Cracks	Broken/Damage/Defect	Hardware	Part Incorrect	Temperature/Cure							
Crimp/Kink/Ripple/Wave	Burrs	Inspection Incomplete/Unqualified	Part Lost/Missing	Weld							
Cuffs	Contamination	Instructions Incomplete/Unclear	Part Moved	Wrong Stock Pulled							
Crushing	Countersink	Misaligned/off center	Positioned Wrong								
Heat Treat	Cut Too Short	Mislabeled	Power Loss/Surge								
Inspection Strip in Tube	Drawing	Misread									
Marks/Chatter	Drill Holes	Off-set									
Turning Sequence	Finish	Out of Calibration									
Wave/Twist in Tube	Fit/Function	Out of Sequence									



DQA

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending		Bend		Folio/Program		Outside Dimensions		Pressure/Forced			
Centre Not Concentric		BOM/Route		Grain		Over/Under tolerance		Set-up			
Cracks		Broken/Damage/Defect		Hardware		Part Incorrect		Temperature/Cure			
Crimp/Kink/Ripple/Wave		Burrs		Inspection Incomplete/Unqualified		Part Lost/Missing		Weld			
Cuffs		Contamination		Instructions Incomplete/Unclear		Part Moved		Wrong Stock Pulled			
Crushing		Countersink		Misaligned/off center		Positioned Wrong					
Heat Treat		Cut Too Short		Mislabeled		Power Loss/Surge					
Inspection Strip in Tube		Drawing		Misread							
Marks/Chatter		Drill Holes		Off-set							
Turning Sequence		Finish		Out of Calibration							
Wave/Twist in Tube		Fit/Function		Out of Sequence							

DART AEROSPACE LTD	Work Order:	112681
Description: Cabin Floor Protector	Part Number:	D3574-6
Inspection Dwg: D3574 Rev: B		Page 1 of 2

FIRST ARTICLE INSPECTION CHECKLIST

First Article Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø3.00	+0.006/-0.001	3.00	-		✓	Jkm -05
7.37	+/-0.030	7.37	-		T	Jkm -06
11.00	+/-0.030	11.00	-		T	
15.25	+/-0.030	15.25	-		T	
25.87	+/-0.030	25.87	-		T	
39.75	+/-0.030	39.75	-		T	
44.75	+/-0.030	44.75	-		T	
58.38	+/-0.030	58.38	-		T	
63.50	+/-0.030	63.50	-		T	
65.25	+/-0.030	65.25	-		T	
10.25	+/-0.030	10.25	-		T	Jkm -06
11.87	+/-0.030	11.87	-		T	
14.75	+/-0.030	14.75	-		T	
26.00	+/-0.030	26.00	-		T	
40.87	+/-0.030	40.87	-		T	
45.00	+/-0.030	45.00	-		T	
48.00	+/-0.030	48.00	-		T	
55.13	+/-0.030	55.13	-		T	
61.25	+/-0.030	61.25	-		T	
61.88	+/-0.030	61.88	-		T	
64.63	+/-0.030	64.63	-		T	
1.13	+/-0.030	1.13	-		✓	Jkm -05
7.63	+/-0.030	7.63	-		T	
11.00	+/-0.030	11.00	-		T	
22.10	+/-0.030	22.10	-		T	
22.50	+/-0.030	22.50	-		T	
24.50	+/-0.030	24.50	-		T	
35.13	+/-0.030	35.13	-		T	
36.50	+/-0.030	36.50	-		T	
40.00	+/-0.030	40.00	-		T	
41.88	+/-0.030	41.88	-		T	
43.63	+/-0.030	43.63	-		T	
6.75	+/-0.030	6.75	-		T	
9.50	+/-0.030	9.50	-		T	

DQA:

Date:



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Date:

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Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General									
		Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
		Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>					
		Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
		Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>					
		Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
		Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
		Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
		Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>							
		Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>							
		Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
		Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							

DART AEROSPACE LTD	Work Order:	112681
Description: Cabin Floor Protector	Part Number:	D3574-6
Inspection Dwg: D3574 Rev: B		Page 2 of 2

FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

DAS

9

Measured by:	<u>Ac</u>	Audited by:	<u>9-89</u>	Prototype Approval:	N/A
Date:	<u>14-02-04</u>	Date:	<u>14-02-05</u>	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	08.01.16	New Issue	KJ//DD	
B	09.05.15	Dimensions updated per Dwg Rev B	KJ	

DQA:

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Suspected Unapproved	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Design Doc/Data Equip/Tooling Handling/Pre Material Operator Offset/Setup Process Supplier Training Transport Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function		<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	